

DATE: _____

Municipal Court
1315 North 23rd Street, Suite 102
Sheboygan, WI 53081

Dear Judge:

The purpose of this letter is to inform you that _____ has
successfully performed the _____ hours of community service he/she was ordered to perform
by the Municipal Court.

Agency/Organization

Signature of Authorized Person

Address

Title

Phone

Please attach to organization letterhead or place official seal or stamp on this letter.

**It is the participant's responsibility to return this form to the
Sheboygan/Kohler Municipal Court.**

Fax: (920) 459-0217

Mail: Municipal Court, 1315 N. 23rd Street, Suite 102, Sheboygan, WI 53081